

Registration Number

D. I have had an active and significant practice in the following jurisdiction(s) that permit mutuality of admission without examination for Missouri attorneys:** (List mutuality jurisdictions and dates of practice therein. A “Verification of Mutuality of Admission” form must be completed by each jurisdiction listed.)

Mutuality State: Practice from Mo/Yr: To Mo/Yr:

Mutuality State: Practice from Mo/Yr: To Mo/Yr:

NOTE: ** Regulation 3 of Rule 8.10 provides that practice in a mutuality of admission state for a period of less than two years generally will not be considered as a “significant practice.”

CONTINUING APPLICATION

I understand this Application for Admission Without Examination is a continuing application and must state correctly and completely the information herein sought during the time said application is pending before the Board of Law Examiners. I incorporate into this application all statements made in the attached Application for Character & Fitness Report executed by me. No later than thirty (30) days after the happening of an event, I will file an update to this application to notify the Board of Law Examiners as to any change in respect to any information provided or sought in this application, or to any incident which may have any bearing upon any information sought.

I hereby swear (or affirm) under penalty of perjury, that all statements herein were made by me and are true and complete.

Dated: _____

Signature of Applicant

State of _____)
) SS.
County of _____)

Subscribed and sworn before me, a Notary Public, within and for said county and state,
this _____ day of _____, 20 ____.

My commission expires: _____

Notary Public

Affix seal or stamp

Missouri Board of Law Examiners

VERIFICATION OF MUTUALITY OF ADMISSION

[To be completed by an Officer of the Supreme Court OR
by an official with the Board of Law Examiners of the mutuality jurisdiction.]

APPLICANT: Copy this form as needed if admitted in more than one jurisdiction that has mutuality of admission without examination for Missouri attorneys. Complete the top portion of this form before submitting it to the mutuality jurisdiction for completion of the bottom portion. Indicate in the top portion the jurisdiction which is being asked to complete this form.

Applicant's Name:

SSN:

State Verifying Mutuality:

Bar # in Mutuality State:

MUTUALITY JURISDICTION: Complete this portion of form and return it directly to the Missouri Board of Law Examiners at the address listed below. Fax copies are not acceptable.

Name of Official completing form: _____

Title: _____

I have knowledge of the rules of this jurisdiction regarding admission to the bar. I hereby verify that this jurisdiction, as of the date of this affidavit, permits admission without written examination to attorneys from the State of Missouri, provided other requirements of this jurisdiction are met.

SIGNED ON: ____/____/____

Signature of Official: _____

THIS STATEMENT/FORM DOES NOT REPLACE THE REQUIREMENT OF A SEPARATE CERTIFICATE OF GOOD STANDING FROM THIS STATE.

Mailing address:

P.O. Box 150
Jefferson City, MO 65102

Street Address:

407 Jefferson Street
Jefferson City, MO 65101

Telephone: (573) 751-9814

Website: www.mble.org